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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 33082M0231

First Inventor Makoto OKABE

Title VACUUM PROCESSING APPARATUS

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 12]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 8]
5. Oath or Declaration [Total Pages 1]
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

ACCOMPANYING APPLICATIONS PARTS

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies
9. ☒ **Copy of Assignment Papers** (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☒ **Copies of Certified Copy of Priority Document(s)**
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09/457,295 filed December 9, 1999
Prior application information. Examiner S. MacArthur Group / Art Unit: 1763

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

00441

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Michael A. Makuch, Esq.				
	Smith, Gambrell & Russell, LLP				
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	Ste. 800				
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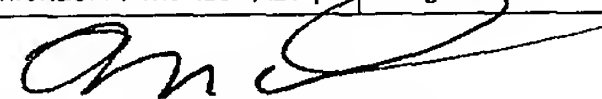
Name (Print/Type)	Michael A. Makuch, Esq.	Registration No. (Attorney/Agent)	32,263
Signature		Date	February 6, 2002

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FEE TRANSMITTAL for FY 2002		Complete if Known		
		Application Number	To Be Assigned	
Patent fees are subject to annual revision.		Filing Date	February 6, 2002	
		First Named Inventor	Makoto OKABE	
		Examiner Name	To Be Assigned	
		Group / Art Unit	To Be Assigned	
TOTAL AMOUNT OF PAYMENT	(\$)	824.00	Attorney Docket No	33082M0231

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES					
Deposit Account Number	Smith, Gambrell & Russell, LLP	Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
Deposit Account Name	02-4300	105	130	205	65	Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		139	130	139	130	Non-English specification	
2. <input checked="" type="checkbox"/> Payment of Fees Being Filed At This Time.		147	2,520	147	2,520	For filing a request for reexamination	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
FEE CALCULATION		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
1. BASIC FILING FEE		115	110	215	55	Extension for reply within first month	
Large Entity Fee (\$)	Small Entity Fee (\$)	116	400	216	200	Extension for reply within second month	
101	740	201	370	Utility filing fee		740.00	
106	330	206	165	Design filing fee			
107	510	207	255	Plant filing fee			
108	740	208	370	Reissue filing fee			
114	160	214	80	Provisional filing fee			
SUBTOTAL (1)							(\$) 740.00
2. EXTRA CLAIM FEES							
Total Claims	4	- 20**	=		X		=
Independent Claims	4	- 3**	=	1	X	84.00	= 84
Multiple Dependent					X		=
Large Entity Fee (\$)	Small Entity Fee (\$)						
103	18	203	9	Claims in excess of 20			
102	84	202	42	Independent claims in excess of 3			
104	280	204	140	Multiple dependent claim, if not paid			
109	84	209	42	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)							(\$)84.00
**or number previously paid, if greater; For Reissues, see above							
		Other fee (specify)					
		*Reduced by Basic Filing Fee Paid					
		SUBTOTAL (3)					
		(\$)0.00					

SUBMITTED BY		Complete (if applicable)				
Name (Print/Type)	Michael A. Makuch, Esq.	Registration No.	Attorney/Agent	32,263	Telephone	202-263-4300
Signature		Date	February 6, 2002			

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